Mid Essex Hospital Services NHS
NHS Trust

Clinical Audit Strategy & Policy 2017-2018	Corporate / Strategic Register No: 08076 Status: Public

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Consulted With	Post/Committee/Group	Date
Dr Peter Davis and Dr Kath Rowe	Integrated Effectiveness Leads	July 2017
Helen Clarke	Head of Governance	July 2017
-	Audit Committee	July 2017
Professionally Approved By Dr Ellen Makings	Site Medical Director	July 2017

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Document Review History

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1.0	Clinical Audit Group	July 2008
1.2 amendments particularly relating to compliance	M Badran, D Miller, H Clarke	November 2009
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4.0 Amend section 12 on quality assurance	H Clarke	December 2011
4.1 To clarify process for development of annual audit plan	H Clarke	February 2012
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5.0 Annual Review	H Clarke	June 2013
6.0 Annual Review	H Clarke	June 2014
7.0 Annual Review	A Finlinson	June 2015
8.0 Annual Review	M Grantham	26 Sept 2017

Contents

1.0 Purpose

1.1 The Trust acknowledges the significance of clinical audit as a quality improvement process and as an important mechanism for providing assurance in relation to the provision of safe and effective patient care. The Trust is therefore committed to delivering effective clinical audit in all the clinical services it provides. This document provides a framework to support the following throughout the Trust:

- the conduct of clinical audit
- the promotion of a culture of learning and continuous service improvement that delivers demonstrable improvements in patient care and contributes to meeting the Trust's corporate objectives

2.0 Background and Strategic Objectives

2.1 In order to provide assurance that the services provided by the Trust reflect evidence-based practice and are of a high standard, performance must be measured by Clinical Audit.

2.2 When carried out in accordance with best practice, clinical audit:

- Improves the quality of care and patient outcomes
- Provides assurance of compliance with clinical standards
- Identifies and minimises risk, waste and inefficiencies

2.3 The expectation for healthcare professionals to participate in regular clinical audit was first established in the 1989 Government White Paper, 'Working for Patients'. This has been reinforced and extended by a succession of key national publications, including:

- Clinical Governance — Quality in the NHS (Department of Health, 1999)
- Good Medical Practice (General Medical Council, 2001)
- Learning from Bristol: the report of the public inquiry into children's heart surgery at Bristol Royal Infirmary 1984–1995 [the 'Kennedy Report'] (Department of Health, 2002)
- National Standards, Local Action
- Good Doctors Safer Patients (Department of Health, 2006)
- Trust Assurance & Safety (Department of Health, 2007)
- The NHS Next Stage Review Final Report, High Quality Care For All [the 'Darzi Report'], (Department of Health, 2008)
- Equity and excellence: Liberating the NHS
- NHS Litigation Authority Risk Management Standards
- Francis report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)
- Improving the Safety of Patients in England, National Advisory Group on the
- Safety of Patients in England; Don Berwick (2013)
- Patient and public involvement in quality improvement; Healthcare Quality Improvement Partnerships (2016)
- Developing a clinical audit policy; Healthcare Quality Improvement Partnerships (2016)
- Using Clinical Audit in Commissioning Healthcare Services; Healthcare Quality Improvement Partnerships (2017)
- Guide to managing ethical issues in quality improvement or clinical audit projects; Healthcare Quality Improvement Partnerships (2017)

- Confidentiality: good practice in handling patient information; GMC (2017)

2.4 Nationally and locally there is a commitment to ensuring stakeholder engagement and collaborative working. As such the Trust is committed to:

- Early involvement of clinical managers in the clinical audit process ensuring commitment where any identified changes raise resource implications
- supporting Junior Doctors in undertaking effective clinical audit
- the principle of involving patients or carers in the clinical audit process either indirectly through the audit of concerns highlighted through complaints and the use of patient surveys or questionnaires or directly through participation of identified individuals in groups or patient forums.
- partnership working with other local and regional organisations where improvements to the patient journey may be identified through shared clinical audit activity

2.5 The Integrated Effectiveness Group will develop and review annually strategic objectives for the clinical audit programme.

Objectives for 2017/18

Key to delivery of the Clinical Audit strategy is the effective use of available resources to support, improve and manage the clinical audit process so that demonstrable improvements are made to patient care. Key objectives for the period 2017/18 are to:

1. Develop the Integrated Effectiveness agenda by;

   a) Review and approval of the IE Group terms of reference;

   b) Review and sign off “job descriptions” Directorate/Division for Audit Leads and Governance Leads.

   c) Implement a restructured integrated effectiveness framework providing improved oversight to the Patient Safety Group

   d) Introduce quarterly oversight meetings between the IE Leads and directorate/specialty audit leads to review progress and issues related to the effectiveness agenda,

   e) Hold regular one to one meetings between the Clinical Audit Team and Directorate/Division Audit Leads

   f) Supporting the appropriate divisional/directorate requests for resources on a case by case basis

2. Implement a phased launch of the DATIX WebPALS module to manage the clinical effectiveness work streams, starting with the national guidance and clinical audit activity.

3. Identify and define a programme to engage and enable staff to utilise quality improvement methodology such as, PDSA cycles.

4. Promote closer working relationships, processes and policies with Success Regime Partners

3.0 Scope

This document is directed at all staff who are responsible for overseeing the direction and development of clinical audit within the organisation or who are involved in the clinical audit process.

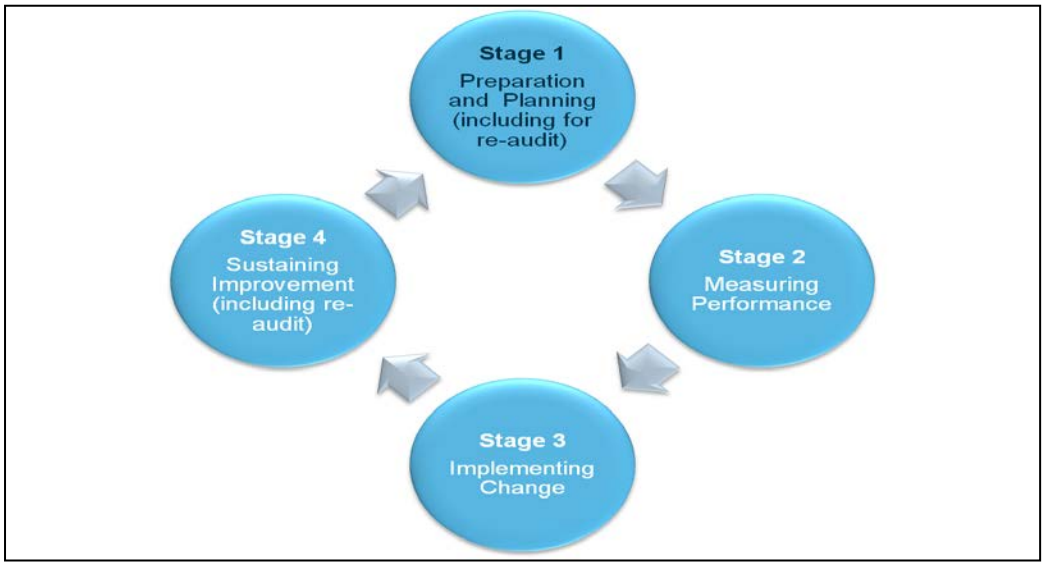
4.0 Definitions

4.1 Clinical Audit

Clinical Audit is one of a number of activities focused on improving patient care. The National Institute for Health and Clinical Excellence (NICE) published 'Principles for Best Practice in Clinical Audit' in 2002 defining clinical audit as:

> *'a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement.'*

4.2 Clinical Audit Cycle



4.3 Standard

A standard is the level of care to be achieved for any particular criterion.

4.4 Criterion

A criterion is a definable and measurable item of healthcare which describes quality and can be used to assess it.

4.5 Scope

The audit scope generally includes a description of the physical locations, organisational units, activities and processes, as well as the time period covered.

4.6 **Research**
Generates new knowledge where there is no or limited research evidence available and which has the potential to be generalisable or transferable. All research must comply with research governance requirements.

4.7 **Quality Improvement**
Is a process that seeks to enhance patient experience and individual health outcomes, through measuring and improving the effectiveness and safety of clinical services.

4.8 **HQIP**
The Healthcare Quality Improvement Partnership (HQIP) was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality improvement

5.0 Roles and Responsibilities

5.1 The **Chief Executive** is responsible for ensuring that systems are in place to facilitate the delivery of safe and effective patient care and for the effective prioritisation of participation in national clinical audit and local clinical audit. This responsibility is operationally delegated to the **Site Managing Director** at MEHT

5.2 The **Site Medical Director** is the Executive Lead for Clinical Audit and is responsible for providing assurance to the Board of Directors that services are safe and effective and for the effective prioritisation of participation in national clinical audit and local clinical audit.

5.3 The **Trust Integrated Effectiveness Leads** is responsible for:

- Developing a strategy to embed clinical audit across the organisation and facilitate the delivery of safe, effective patient care
- The development of the clinical audit annual programme in collaboration with the Clinical Audit Team and directorate audit leads
- Ensure significant risks identified through clinical audit activity are escalated appropriately to the Board
- Providing an annual report to the Audit Committee
- Providing reports to the Patient Safety and Quality Committee evidencing improvements to patient care as a result of clinical audit
- Meeting annually with Clinical Directors, Directorate Audit Leads and Managers to monitor delivery of directorate audit work plans
- Providing ethical oversight of clinical audit
- Developing agendas for the 6 monthly Trust Combined Audit Meetings to encourage the effective dissemination of audit outcomes, recommendations and improvements to service quality to a trust-wide audience
- Undertaking a quality assurance review of any audit projects where permission to publish has been sought. Where Trust audit leads are not available, Associate Medical Directors may undertake this role

5.4 **Divisional Directors, Clinical Directors** and **Service Leads** are responsible for:

- Ensuring directorate priorities, including issues identified from the Risk Assurance Framework, are reflected in the local annual clinical audit work plan
- Linking revalidation and appraisal to evidence that clinicians have undertaken and completed audit activity during 'Supporting Professional Activity' time
- Ensure significant risks identified through clinical audit are addressed or identified on the directorate Risk Assurance Framework
- Supporting the development of realistic action plans to improve patient care
- Linking revalidation and appraisal to evidence of attendance at audit meetings with an expectation that individuals attend a minimum of 75% of the departmental audit meetings
- Meeting annually with the Trust Audit Lead, Directorate Audit Lead and Managers to monitor appropriateness and delivery of directorate audit work plans

5.5 The **Directorate** or **Specialty Audit Leads** are responsible for:

- Meeting the requirements of the Directorate audit job role.
- Co-ordinating and approving audit activity within their directorate and between directorates to ensure that audit projects reflect directorate priorities for audit and are standards based
- Ensuring, with the support of the Clinical Director, that the audit cycle is completed with action plans developed to address any identified deficiencies, changes implemented and service re-audited as appropriate
- Escalating significant risks identified through clinical audit to the responsible Trust Audit Lead and clinical director or service lead
- Encouraging participation in national audits / data collection and ensuring that action plans are developed to address any deficiencies identified
- Encouraging multidisciplinary audit and involvement of all stakeholders at the audit design stage
- Ensuring audit is considered in relation to the Directorate Risk Assurance Framework and as part of the Directorate Business Planning process
- Ensuring continuity and closure where junior rotation means an audit project might otherwise not be completed
- Meeting annually with the Clinical Director and Trust Audit Lead to monitor appropriateness and delivery of directorate audit work plans
- Nominating a minimum of two significant audits per year to include one assessing compliance with NICE guidance and evidencing the complete audit cycle as per the definition above
- Organising departmental audit meetings to ensure lessons learnt are effectively disseminated, maintaining records of these meetings (agendas, summary of audits presented, original signed attendance records) and afterwards updating the directorate audit work plan and submitting this to the audit team
- Ensuring morbidity, mortality and errors review occurs at departmental meetings with any appropriate lessons learnt recorded and shared across the Trust

5.6 All **managers** are responsible for ensuring that service development and delivery is underpinned by clinical audit and forms part of Continuing Professional Development.

5.7 The **Quality & Compliance Manager** is the operational lead for the Clinical Audit team this is delegated to the Clinical Autit Lead and is responsible for:

- Supporting the Trust Audit Lead and Directorate Audit Leads in the development, monitoring and delivery of the Trust's Clinical Audit Strategy and Policy and annual audit programme
- Co-ordinating and approving relevant corporate audit activity
- Regular reporting to Patient Safety Group and Audit Committee regarding Clinical Audit performance
- The line management of the Clinical Audit Support Offcier
- Producing reports on the Trust's performance in Clinical Audit, including contributing to the annual report

5.8 The **Clinical Audit Team** managed and supported by the Quality and Compliance Manager and are responsible for supporting the delivery of the Trust's Clinical Audit Strategy and Audit Programme by:

- Assuring the quality of Clinical Audit projects
- Maintaining a register of all audit activity and NICE guidance compliance
- Providing advice and guidance to clinicians and managers on audit, and building effective relationships both internally and externally
- Collating, analysing and presenting relevant conclusions and changes to clinical practice as appropriate
- Supporting and promoting effective interface and multi-disciplinary audit
- Acting as a link with the Information Services Department and the Medical Records Department
- Working with Directorate / Specialty Leads to support annual work plans that reflect national and local priorities
- Delivering appropriate clinical audit training programmes and
- Supporting and providing reports for the Clinical Audit Group, and other relevant groups or committees

5.9 All **Clinical Staff** are responsible for:

- Ensuring they audit their own practice in accordance with their professional codes of conduct
- Conducting clinical audit in accordance with this policy
- Taking account of lessons learnt and making changes to service provision where appropriate
- Attending departmental / combined audit meetings
- Participating in relevant National Clinical Audits / NCEPOD studies
- Undertaking a gap analysis in response to publication of National Audit reports when identified as the clinical lead and developing an action plan to address any identified deficiencies in accordance with the Implementation of National Guidance Policy

5.10 **Clinical Audit Project Lead(s)** is responsible for:

- Liaising with Directorate Audit Leads to ensure projects are of a good standard and reflect Trust priorities for audit
- Where the project lead is a junior member of staff, or not in a permanent post, a clinical lead for the project must be identified who will then be responsible for ensuring completion of the project
- Completing clinical audit proposal forms and submitting them to the Clinical Audit Department

- On completion, submitting a report summarising the project and the findings and where deficiencies are identified developing an action plan with relevant stakeholders to implement required changes
- Sharing lessons learnt from clinical audit appropriately including escalating significant risks identified through clinical audit to the responsible directorate audit lead and clinical director or service lead
- Ensuring that permission is sought from Trust Audit Leads prior to publication;
- Ensuring there is effective handover where the original project lead is unable to complete the audit

5.11 **The Integrated Effectiveness Group** is the corporate forum tasked with overseeing the Trust's clinical audit activities. The group is accountable to the Patient Safety Group and is responsible for:

- overseeing the development and implementation of the Clinical Audit Strategy, ensuring there is a systematic approach to identifying, prioritising and selecting topics for audit

- monitoring performance against the Clinical Audit Strategy and Policy, including the implementation of changes in practice as a result of audit

- monitoring participation in, and response to, relevant national audits; and providing an annual report to the Audit Committee

5.12 **The Audit Committee** is responsible for approving the annual Trust clinical audit programme, receiving the Annual Clinical Audit Report and assuring the Board of Directors that the Trust's clinical audit function is operating satisfactorily.

5.13 **Information Services** are responsible for providing data to facilitate clinical audit activity. No data should be provided for audit activity unless the audit project has been registered and an audit registration number is available.

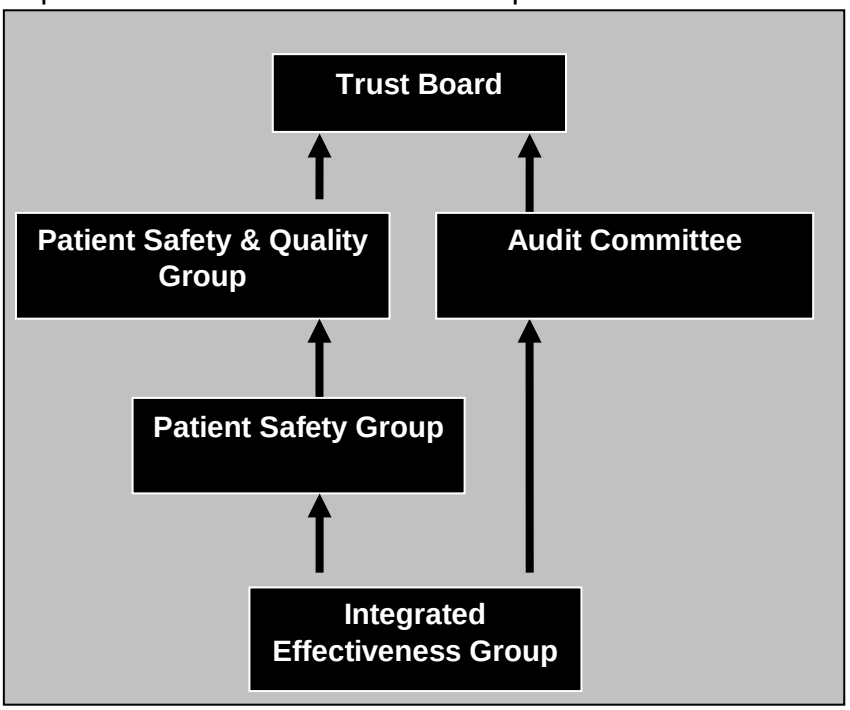
5.14 **Medical Records** are responsible for providing case notes to support Clinical audit activity. No records should be made available unless the audit project has been registered and an audit registration number is available.

5.15 **Clinical Governance Facilitators** are responsible for**;**

- Including Clinical Effectiveness information within the Divisional / Directorate / Specialty Governance Reports
- Providing Clinical Audit data to inform the areas of their requirements
- Updating the Clinical Audit team with any new updates or changes to clinical effectiveness information or audit
- Assisting in the completion of Clinical Audit project plans including local and national audits and assurance activities linked to national guidance (e.g. NICE, NCEPOD's and national audit programmes etc)

6.0 Accountability

6.1 Clinical audit is a significant mechanism for providing assurance on the quality of services provided. This responsibility is discharged by the Trust Board to the Audit Committee, which receives the Clinical Audit Annual report, the Annual Clinical Audit Programme and regular reports, and the Patient Safety Group who receive regular reports from the Clinical Audit Group.



7.0 Process for Setting Priorities for a Clinical Audit Programme including participation in national and local Audits

7.1 Agreeing an annual programme of activity

7.1.1 A Trust Clinical Audit programme will be developed annually to take account of the following Trust priorities:

- Participation in relevant national clinical audits
- CQC and other regulatory or legislative audit requirements
- Key local and national patient safety and quality issues

7.1.2 The draft annual Trust programme will be approved by the Clinical Audit Group and submitted to the Audit Committee who will act on behalf of the Board in agreeing the planned programme of clinical audit activity.

7.2 Choosing and prioritising clinical audit projects

7.2.1 The Trust supports additional local clinical audit activity as a significant contributor to the continuous process of service improvement. It is acknowledged that individual clinicians may initiate a clinical audit project at any point in the year on the basis of clinical concerns, personal interest or as part of an education or training programme. It is important that these are registered with the Trust and reported through existing clinical governance structures to maximise organisational learning.

7.2.2 Resources for audit activity are often limited. The Trust Audit Lead and Directorate Clinical Audit Leads must therefore ensure the appropriate prioritisation of audit projects Directorate Clinical Audit Work plans.

7.2.3 Resources should be utilised to prioritise activity as follows:

Level	Priority	Examples
1a	National Priority	National Clinical Audit, NCEPOD
1b	Annual audit work plan (Corporate/Divisional priorities)	Audits agreed as Trust, Divisional or Directorate priority or that will form the annual work plan
2	Patient Safety & Risk Focus	Patient safety concerns, complaints, NPSA Alerts, Risk Assurance Framework, regional audit, re-audit or audit following benchmarking with national guidance including NICE, actions following an adverse incident.
3	Clinician Interest	Locally initiated audit not covered by the above

7.2.4 Participation in national audits administered by HQIP, the National Clinical Audit and studies within the National Confidential Enquiry into Patient Outcome and Death Programme will be considered a priority (Level 1a). Participation in National Confidential Enquiry studies will also be a level 1 priority (NCEPOD, CEMACH).

7.2.5 Audits agreed as Trust, Divisional or Directorate priority or that will be included in the Trust's approved annual audit work plan will be categorised as level 1b priority and must be completed within the agreed timeframes.

7.2.6 Audit of compliance with national guidance, including National Service Frameworks and NICE guidance or issues relating to risk management, will be considered a level 2 priority. The following should also inform selection of audit topics:

- Risk Assurance Framework;
- Incident reporting Incident reporting including the monitor changes implemented as part of an agreed action plan following a serious incident investigation.
- Patient safety Alerts published by NHSI;
- PALS & Complaints, Claims and Litigation;
- Royal College and other statutory bodies recommendations;
- 'Saving Lives', Health Act 2006;
- NHS Resolution;
- New Health Technology Appraisal process;
- New research evidence.

7.2.6 **Choosing and prioritising local clinical audit projects (level 3)**

Local clinical audit topics should be selected to address aspects of care where standards are available and poor performance is suspected. Review of the following may identify the need for clinical audit:

- Local guideline implementation;
- Clinical effectiveness concerns;
- Cost effectiveness concerns;
- New procedures / service developments (in accordance with Safe Use of Medical Devices Policy / HTAG;
- Patient Pathways

- Service Evaluations
- CPD/Appraisal related activities

8.0 Governance of Clinical Audit

8.1 Systems for approving and registering clinical audits

8.1.1 Approval and registration stage 1

- All clinical audit activity must be discussed with, and approved by, the appropriate Directorate Audit Lead in the first instance.

- Doctors in training wish to undertake a clinical audit project must do so with the approval of their clinical lead. Nursing and other Healthcare staff wishing to complete clinical audit projects should obtain approval from a suitable line manager or professional mentor.

- Completion of the Clinical Audit Proposal form will enable project leads to clearly describe the project aims, the valid standards against which performance will be measured and overall project design (see section 10.2 below). The Clinical Audit Proposal form is included in Appendix 1a.

- Countersignature of Clinical Audit Proposal form by the Directorate Audit Lead indicates validation of standards and local approval.

- The Clinical Audit Team may register directly on the database any level 1a or level 2 audit project within the annual programme.

8.1.2 Approval and registration stage 2

- The completed, the clinical audit proposal form must be submitted to the Clinical Audit Department irrespective of the level of facilitation being requested of the Department.

- Once reviewed and registered, a clinical audit number will be issued.

- Where no standard is identified, the project will be registered on the database as a Base Line Assessment.

- Where a project represents a service evaluation rather than a clinical audit, it will be recorded as such on the database.

8.1.3 Once the reference number is available the project may begin. Requests for patient lists and medical records can be made to Information Services, Medical Records respectively.

- Information Services and Medical Records will not commence any tasks relating to clinical audit unless a clinical audit registration number is available.

- The Clinical Audit Team will maintain a register of all clinical audit projects undertaken in the Trust.

- On completion of the clinical audit project, the Clinical Audit Team must receive a copy of the final report.

8.1.4 Timeframes to complete clinical audit

- An anticipated completion date is required for all projects to be registered. Where no project completion date is detailed on the proposal form a 3 month completion timeframe is automatically applied from the date of registration.

- Projects that are not completed within the stated or default timeframes will be flagged for escalation and follow –up by the Clinical Audit Team.

- Projects will be marked as abandoned after 3 months if continued to be flagged as overdue and if no extension has been requested by the project lead. Projects marked as abandoned will require the registration process to be repeated if the project is to be restarted.

8.2 Process for Ensuring Appropriate Standards of Performance are Audited

8.2.1 The use of standards and criteria in clinical audit

By definition, clinical audit involves measuring clinical practice against predetermined standards of best practice. The Trust requires that all Clinical Audits undertaken measure compliance against the best available standards of performance.

8.2.2 Any document used as a source of standards must be identified by the project lead on the proposal form. These standards may have been published externally by a valid professional group or be accepted internally by the Trust eg local guideline or clinical consensus.

8.2.3 Staff will be encouraged to develop local standards where no national standards are available.

8.3 Equality and Diversity

The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all its users and Clinical Audit Activity must take account of equality and diversity issues. The Trust will ensure that the process for determining choice of clinical audit projects, and the manner in which project patient samples are drawn up, does not inadvertently discriminate against any groups in society based on their race, disability, gender, age, sexual orientation, religion and belief.

8.4 Information Governance

8.4.1 All clinical audit activity must take account of the Data Protection Act (1998), the Caldicott Principles (1997 & 2013) and the Trust Confidentiality Policy. This means that data should be:

- adequate, relevant and not excessive;
- accurate;
- processed for limited purposes;
- held securely;

- not kept for longer than is necessary;
- audit data held electronically should be stored on a server according to the Trust Retention and Destruction Schedule
- shared appropriately and safely in the best interests of their patients

8.4.2 Confidentiality: good practice in handling patient information (2017) from the General Medical Council sets out the principles of confidentiality and respect for patients' privacy that all doctors are expected to understand and follow. It also sets out the responsibilities of doctors for managing and protecting patient information, including during the delivery of local clinical audit activity.

If patients have been so informed, Section 60 of the Health and Social Care Act 2001 makes provision for the collection of patient identifiable data for the purposes of clinical audit; however best practice directs that data be anonymised unless there was a compelling reason not to do so.

8.4.3 The Trust aims to comply with the guidance provided in the Department of Health publication Records Management: NHS Code of Practice (2006) which requires 'audit records' to be retained for a period of five years.

8.4.4 As a matter of good practice, all staff carrying out clinical audits should ensure that they respect the confidentiality of the patient in discussions which take place at audit meetings, including not discussing individual clinician performance as clinical audit is about quality assurance and improvement, not performance management.

8.4.5 Records must be locked away when not in active use and should not be visible to uninvolved others and electronic data must be protected in accordance with the Information and System Security Policy (07013).

8.4.6 There may be occasions when the Trust engages individuals in its clinical audit activities who are not directly employed by that organisation, for example staff who are on honorary contracts, volunteers, patients and the public. These groups must be made aware of the principles of confidentiality in accordance with the Information and System Security Policy (07013) and if appropriate and requested, sign a Third Party Confidentiality Contract.

8.4.7 Patients' increased rights over the sharing of their information extends to the access and use of their records for locally driven clinical audit. Such wishes will be recorded in medical records and staff must respect these decisions. This does not apply to nationally required audit or research

8.4.8 Further guidance may be sought from the Healthcare Quality Improvement Partnership document 'An Information Governance Guide for Clinical Audit 2009' available on the Trust Intranet or HQIP website.

8.5 Ethics and consent

8.5.1 By definition, clinical audit projects should not require formal approval from a Research Ethics Committee. However one of the principles underpinning clinical audit is that the process should do good and not do harm. Clinical audit must always be conducted within an ethical framework which considers the following four principles:

- There is a benefit to existing or future patients or others that outweighs potential burdens or risks
- Each patient's right to self-determination is respected
- Each patient's privacy and confidentiality are preserved
- The activity is fairly distributed across patient groups

8.5.2 Further information is available in the Health Quality Improvement Programme guide 'Ethics and Clinical Audit and Quality Improvement Literature: a guide on Ethics and Clinical Audit'.

9.0 Process for making improvements

9.1 Audit project reports

9.1.1 The findings of completed clinical audit projects should be recorded formally, using the Trust report template or similar such that the methodology, results, conclusion and recommendations are clear (refer to appendix 1b).

9.1.2 The report should be shared with key stakeholders and copied to the Clinical Audit Department.

9.1.3 Where no significant non-compliance is identified, this should be noted in the report with the recommendation for no further immediate action.

9.1.4 Where deficiencies are identified, actions to address recommendations should be developed with named leads and timescales, and implemented – refer to section 10.

9.2 National Clinical Audit Reports

9.2.1 The Clinical Audit Team will review the Healthcare Quality Improvement Partnership website to identify national audit projects and liaise with the Site Medical Director and Integrated Effectiveness Leads to review participation in relevant National Clinical Audits and ensure that published reports are reviewed by an appropriate clinical lead.

9.2.2 The Clinical Audit Team will forward relevant published reports or links to the reports to Clinical Directors and clinical leads, copied to Senior Managers and Clinical Audit Leads. The progress with required review/gap analysis and associated action plans will be monitored by the Clinical Audit Team and reported to Directorate Governance meetings, Integrated Effectiveness Group, Senior Management Group report and escalated to the Divisional Accountability meetings.

9.2.3 The clinical lead(s) will identify any areas of non-compliance with the identified standards or recommendations and devise an action plan with the Directorate Manager to address any deficiencies. The action plan should be copied to the Clinical Audit Team.

9.2.4 Formal review of national reports will be reported via Directorate Governance meetings. A Trust template has been developed to support this process (refer to appendix 1b)

9.3 Dissemination / Organisational Learning

9.3.1 Monthly half-days are set aside for clinical audit meetings: clinical activity is cancelled for these sessions but can be reinstated at the request of individual clinicians where there are particular concerns about clinical services.

9.3.2 The findings of completed audits should be presented at directorate audit meetings where recommendations and action plans should be discussed.

9.3.3 Key audit findings, recommendations and action plans should be presented at the directorate governance meetings and progress with the Directorate Audit Workplan reviewed at 1:1 meetings between the Trust Integrated Effectiveness Lead and Directorate Audit Leads

9.3.4 Directorate Audit Leads should ensure that agendas, minutes and signed attendance records are maintained for their directorate audit meetings. All staff involved in the aspect of care audited should be encouraged to attend ensuring that learning is shared appropriately whether between services, disciplines or organisations.

9.3.5 The Directorate Audit Lead should update the directorate audit work plan with a summary of the outcomes, recommendations and required actions following each meeting.

9.3.6 Biannually, the monthly audit meeting will take the form of a Combined Audit meeting where audits of general interest will be presented to a trust-wide audience. The expectation is that each directorate will present at least one audit per year at this forum.

9.3.7 Improvements to the quality of service provided to patients should also be publicised via the weekly Staff Focus newsletter and the Intranet site to facilitate organisational learning.

9.3.8 The Patient Safety Group will facilitate analysis of various governance work streams, offering the opportunity to identify common themes and facilitate organisational learning.

10.0 Process for the development and monitoring of action plans and carrying out re-audits

10.1 Process for the developing and monitoring the implementation of action plans

10.1.1 The main purpose of clinical audit is to deliver improvements in clinical practice. Where the results of a clinical audit indicate sub-optimal practice, an action plan should be developed. The action plan template in Appendix 1b is available to facilitate a consistent approach across the Trust. A systematic approach to the implementation of clinical audit action plans is strongly advised and this may include the identification of local barriers to change, and organisational or resource constraints which preclude implementing change.

10.1.2 Action plans should be specific, measurable and achievable. They should have clear implementation timescales with identified leads for each action. Action plans should also be approved by the relevant head of service or department.

10.1.3 Not all clinical audits will require an action plan; for example where an audit shows that standards are being met or guidance followed. For such audits there should be an explicit statement to the effect that no further action is required in the audit report.

10.1.4 The Directorate Clinical Audit Leads supported by the Clinical Audit Team will monitor the implementation of actions, ensuring that any significant outstanding actions inform the relevant Risk Assurance Framework.

10.1.5 Monitoring implementation of national clinical audit recommendations: any action plans with outstanding issues must be reviewed regularly at Directorate Governance meetings with significant non compliances entered on the local Risk Assurance Framework.

10.2 **Re-audit**

10.2.1 Re-audit is essential to determine whether agreed actions have been implemented according to the action plan and improved the quality of care. All audits undertaken for the first time which result in an action plan to address identified deficiencies, should lead to re-audit. This requirement will be identified by the project lead and Directorate Audit Leads with the latter ensuring that re-audit takes place within 6 to 12 months of the implementation of changes.

10.2.2 Where re-audit demonstrates that deficiencies in the quality of care remain, the action planning process must be revisited.

11.0 Provision of training

11.1 The Clinical Audit Team will make available suitable training material, awareness and support programmes regarding the systems and arrangements for participating in clinical audit. This can be accessed either through the Clinical Audit Department or on the intranet pages, including links to relevant training material hosted on external websites

11.2 Appropriate educational resources on clinical audit processes are available through the Trust Intranet site and bespoke training will be given to groups and individuals on request.

11.3 Training for Foundation Year 1 doctors is coordinated by Learning & Development and delivered by an IE Lead. Audit training for Foundation Year 2 doctors is also delivered by the Clinical Audit Team to on rotation through A&E.

11.4 The Trust will also provide sufficient and appropriate resources to support and deliver a robust programme for clinical audit for local, regional and national activities via the Clinical Audit Department.

11.5 All Directors and managers responsible for ensuring that relevant staff within their own directorates and departments have read and understood this policy and are competent to carry out their duties in accordance with the procedures described

11.6 The Trust will strive to employ suitably skilled clinical audit staff to support its programme of clinical audit activity. The Trust will ensure that these staff have

access to further relevant training in order to maintain and develop their knowledge and skills

11.7 Trust templates of the audit proposal form, audit reports and presentations are available on the intranet on the Clinical Audit page: http://meht-intranet/clinical-pages/clinical-audit-delivering-improvements-to-patient-care/forms-and-resources/

12.0 Publication of audit reports outside the Trust

12.1 Permission to publish clinical audit reports outside the Trust must be sought from the Trust Integrated Effectiveness Leads prior to external submission. Project leads should note that in signing the clinical audit project proposal form they are acknowledging this requirement.

12.2 Any audit intended for publication externally must be subject to a quality assurance process.

12.3 Audit not originally intended for publication should be routed for Quality Assurance as soon as a decision is made to publish as part of professional obligation to comply with Trust policy.

12.4 Finally, project leads should ensure that patients are informed that the outcome of the project is to be published and that the anonymised nature of the report should prevent patient identification from being possible. The patient audit consent from should be completed in these cases, see appendix 2

12.5 Quality Assurance (QA) stage

12.5.1 The purpose of this process is to provide peer review prior to publication. QA reviewers (Trust audit leads or if unavailable Associate Medical Directors) will check the paper for:

- Sound methodology and appropriateness of conclusions based on data
- Areas requiring clarification to avoid/reduce potential for misinterpretation by lay readers
- Language used - is it clear, consistent and objective

12.5.2 If all three criteria are satisfied, the article may be published.

12.5.3 If issues are identified, the reviewer should comment and/or amend using "track changes" and return to Project Lead. The Project Lead should then amend / update the report and resubmit for final Quality Assurance. The response to the identified points for consideration rests with the Project Lead, however no article may be published without first gaining permission.

13.0 Monitoring the effectiveness of the Clinical Audit Strategy and Policy

13.1 The effectiveness of the Trust's Clinical Audit Strategy will be reviewed and reported annually through assessment of progress with the Trust's annual clinical audit objectives to the Audit committee.

14.0 Monitoring compliance with the Clinical Audit Policy

14.1 The Clinical Audit Team is responsible for monitoring the progress of the trusts clinical audit activity.

14.2 Performance updates will be reported monthly within:

- Directorate Governance meetings,
- Integrated Effectiveness Group meetings,
- The Clinical and Quality Governance reports to the Senior Management Group,
- Divisional dashboards/reports and,
- Divisional accountability meetings.

14.3 Where the review identifies deficiencies, an action plan will be developed by the Trust Audit Lead and Clinical Audit Team with named leads and timescales identified. Progress with implementation will be monitored at subsequent Clinical Audit Group meetings.

14.4 A summary of the key findings will be reported annual to the Trust's audit via the Clinical Audit Group to the Patient Safety Group.

15.0 Communication

15.1 This policy will be made available on the Trust intranet and publicly available on the Trust website.

15.2 The strategy and policy will be launched in the Trust newsletter together with available templates to support clinical audit activity.

16.0 Review

This strategy will be reviewed annually. Earlier review may be required in response to organisational change or changes to legislation or guidance.

17.0 References

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Appendix 1 – Clinical audit templates

a) Audit Proposal form

Audit Proposal Form 2017 v1.0.docx

b) Clinical Audit Report and Action Plan Template

MEHT report and action plan Mar17.do

c) Clinical Audit Presentation Template

Clinical Audit presenation template

Appendix 2 – Patient audit consent form

Patient consent form May 2017.pdf